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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: NIXC [1CLEC [1] LEC [1] Wireless ---

	CERTIFICATED COMPA	att at Oldmiton
300 F	Response Information Services, LLC	
	ny Name	FEIN/SSN
Same	•	802-860-0378
ba/fka		Telephone #
	Williston Road, Suite 200	
	Address	
	Burlington, VT 05403	
	ate, Zip Code	
Same		
usine	ss Location	
Same	e	Chittenden
	ate, Zip Code	County
<i>,</i>		
	REGISTERED AGEN	IT INFORMATION
	NEGIOTENED NOCH	
ogiot.	ored Agent InCorn Services Inc	
	ered Agent: InCorp Services, Inc.	
	Address: 317 Ruth Vista Road	
	aton, SC 29073-8628	
	tate, Zip Code	
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		int or type company contact for the following ar
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	Robert Cleary	
	Robert Cleary General Manager (Include Address if different than	above)
	Robert Cleary General Manager (Include Address if different than 802-860-0378 / 802-860-0395	above) / bcleary@800response.com
	Robert Cleary General Manager (Include Address if different than 802-860-0378 / 802-860-0395 Telephone Number / Facsimile Number	above)
	Robert Cleary General Manager (Include Address if different than 802-860-0378 / 802-860-0395 Telephone Number / Facsimile Number Linda Young	above) / bcleary@800response.com / E-mail Address
•	Robert Cleary General Manager (Include Address if different than 802-860-0378 / 802-860-0395 Telephone Number / Facsimile Number Linda Young Customer Relations/Complaints Representative	above) / bcleary@800response.com / E-mail Address (Include Address if different than above)
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Pg 1 of 2

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Stephanie Perrotte

G. Regulatory Officer (Name & Title)

Mailing Address)	da, Caito 200, Court	Burlington, VT 05403	
802-860-0378	/802-860-0395	/sperrotte@800response.com	<u>n</u>
Telephone Number	/ Facsimile Number	/ E-mail Address	
Same as G			
Annual Report Mailin	gs (Name & Little)		
Mailing Address)	,	1	
Telephone Number	/ Facsimile Number	/ E-mail Address	
Same as G			
Dual Party Mailings (Name & Title)		
Mailing Address)	1	1	
Telephone Number N/A	/ Facsimile Number	/ E-mail Address	
Interim LEC Fund Ma	ailings (Name & Title)		
(Mailing Address)	1	1	
Telephone Number Same as G	/ Facsimile Number	/ E-mail Address	
Universal Service Fu	ınd Mailings (Name & Title)		
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Telephone Number	/ Facsimile Number	/ E-mail Address	
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(Mailing Address)	1		<i>_</i> ``
Telephone Number	/ Facsimile Number	/ E-mail Address	0
Robert Cleary		Significant	$\frac{1}{1}$
This form was comp	pleted by	Signature 7/8	//)' /
Vice President		Date	

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

<u>And</u>

Post Office Drawer 11649 Columbia, South Carolina 29211 Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201